STATE OF MARYLAND—	CERTIFICATE OF DEATH U1375
Village or City 7, Tud.	No. A Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in 9. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME TULL Cur (a) Residence: No.	m Bown Barnes
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	I I I Plans
11. Total time (years)	Jace of the
this occupation (month and spant in this occupation occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation Date of:
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, DR REMOVAL Place Date Date 1934	Manner of injury
19. UNDERTAKER Wally Planten	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2/9, 19 34 & M. / King Resistrar.	(Signed) (Address) June June All
If more blanks are needed, address plate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.--The month and year the deceased last worked at the occupation.

11 .-- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m²

	8	7.	田	
BINDING	PERMANENT	EXACTLY	rly classified.	ate.
FOR	IS A	stated	prope	certific
7	HIS	pe	pe	Jo
ARGIN RESERVED FOR BINDING	UNEADING INK-TI	supplied. AGE should	in terms, so that it may	See instructions on back
	-WRITE PLAINLY, WITH UNEADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. E	TION is very important. See instructions on back of certificate.
7 0			_	-

of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01376
1. PLACE OF DEATH	(09)
County Calvert	Registration Dist. No. 51
Village or City adelua	NoSt.,Wai
	sds How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Susie Brooks	
(a) Residence: No. A delena	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 2. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lebruary Z6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of GOT) WIEE of HUSBAND OF	1 HEREBY CERTIFY, That t attended deceased from
21041	Labruary 24, 19 4, to Let 26, 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h ld falive on 2 d 2 4 , 1934; death is sa
7. AGE Years Months Oays If LESS than 1 day,hrs	to have occurred on the date stated above, atPm.
52 maring or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Acuseuralle SAWYER, BOOKKEFER, etc.	Lobar Granmone y22
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SANdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10- Data deceased last worked at this occupation (month and	Calmar varines 2/29,
10. Data deceased last worked at this occupation (month and 1930 11. Total time (years) spant in this year) 40 y	
12. BIRTHPLACE (city or town) Collect Co (State or country)	Other Coutributory Causes of Importance: Askers Leusses
13. NAME Neury Hardman	
13. NAME Neury Hardman 14. BIRTHPLACE (city or town) Calvert liv.	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
# 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of injury19
17. INFORMANT LEV. George Brashias (Address) Balistan inf.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 13 a rs two - Yhd Date 3 . 1 , 1934	Manner of Injury
19. UNDERTAKER Wilson Sewell (Address) Vacce m.	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED 3-1 1934 J. N. King	(Signed) Gay July M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RIPPAN V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Hy palient was a recluse - I saw	on only
ou docasion 2/24/36 Pist	1

of OCCUPA.

1. PLACE OF DEATH	(Kg)
County Calingst	Registration Dist. No. 5.2
Village or City Cleanagull	No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Day Sil for	la de la companya del companya del companya de la c
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write to	ne word)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
	Ach. 5 10 4, 10 Jel 5 , 19 34
6. DATE OF BIRTH (month, day, and year) 2/5/24	I last saw h alive on Jette
	SS than to have occurred on the date stated above, at 1030Am.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	Premature Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID-Date deceased last worked et this occupation (month and separt in this	Detroned: nonsek shoulders se-
9-Industry or business in which work was done, as SILK MILL,	tends to ears. Both hands and one foot had
SAW MILL, BANK, etc.	a contracting which to many them broke on
DDDate deceased last worked et this occupation (month and spent in this	themselved. Carlet
year) occupation	Other Coutributory Causes of Importence;
12. BIRTHPLACE (city or town) (State or country)	Other statistics of importance.
13. NAME Town Town 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or equiply)	Accident, suicide, or homicide? Date of injury, 19
(State or epunity)	Where did injury occur?
17. INFORMANT (Address) Quick Wife	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL	Menner of injury
Place Clare Pount Oate Fel Ce	., 1934. Nature of injury
of a Harrison	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Cambo towler (Address) Quin as	If so, specify
20, FILED. Feb 6, 1924 W N Hardes	(Signed) Augh Wall M. D.
	Resistrar. (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

CAUSE mation

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

RECORD. Every item of infor-	7. PHYSICIANS should state	Exact statement of OCCUPA.	
S IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	11270
1. PLACE OF DEATH	-		(107-01)	1010
county Calvert	<u>.</u>		Registration Dist. No	51
Village or City Adel:	na	(10	No. St., death occurred in a horpital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where d	eath occurred_1.8.	urmos	death occurred in a norphial or institution, give its INAIVIE instead of street ands. How fong in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	nes Ke	1504		
(a) Residence: No.			St., Ward.	
	(Usual place of	abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED (eD, Wibeweb, write the word)	21. DATE OF DEATH -eb. 21 (Month) (Day)	., 193 4-
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of			22. PIEREBY SERTIFY, That I attande	d dacaasad from
6. DATE OF BIRTH (month, day, and year)	et known		I last saw h aliva on 19	: daath is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at	
18		I dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Date of onset
SAWYER, BOOKKEEPER, etc.	tarn	n.cr	Bronsmanne	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Curso Duration is not stated	*-
10. Date dacaased last worked at this occupation (month end year)	11. Total time spent i occupa	n this	. (40)	
12. BIRTHPLACE (city or town)	lina - n	nd.	Other Contributory Causes of Importance:	
	NI			
E	Kelson			
14. BIRTHPLACE (city or town)	lvert C	0.	Name of operation Data of	
15. MAIDEN NAME	Kale		What test confirmed diagnosis? Was thare at 23. If death was due to axtarnal causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Laura 16. BIRTHPLACE (city or town) (State or country)	alvert	Co	Accident, suicida, or homicide? Date of injury Whara did injury occur?	•
17. INFORMANT Susan 18 (Address) Adelir			(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	77. 4		Manner of injury	
Place Bars tow	Date	b. 23,1934	Nature of injury	
19. UNDERTAKER Wilson (Addrass) Pr. F	mason	************	24. Was disease or injury facing way related to occupation of deceased? If so, spacify	
20. FILED 2/23 , 19 3 4	Danks are needed, add	Registrar.	(Signed) (Addrass) (Addras	O. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evample II

Example 1	ii ii	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01380
1. PLACE OF DEATH	(97)
County Colvert	Registration Dist. No. 52
Village or City Houldry Lower	NoSt., Ward
97	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Machal	(
(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Coloud or DIVORCED (nortice the word)	Jebruary 9 , 1934 (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WHFE of Lawrett author	22. HEREBY CERTIFY, That I attended deceased from april. 1933, to February 6, 19 3K
6. DATE OF BIRTH (month, day, end year) 1837	last saw h. L.M. elive on Zele 6 1934 death is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at Jam.
97 unknown 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this pecuation (month and the spent in this country).	Cerebral attenoselerosis 0 de of onget 1933
3. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Oate deceased last worked et this occupation (month and 1924 spent in this occupation (gears)	
12. BIRTHPLACE (city or town) - Huntinglacure	Other Contributory Causes of importance: (Record General Causes)
(State or country)	
13. NAME John Mackall	
13. NAME John Machael 14. BIRTHPLACE (city or town) Calvert leg	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Clubble to Cerry 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT John Maikall Madress)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate 27 37 1984	Nature of injury
19. UNOERTAKER Annual W. Chare (Addiess) Palls ma	24. Was disease or injury in eny wey related to occupetion of deceased?
20. FILEO 2/22, 1934 & M. Ilmy Registrar.	(Signed) Supple Sudenos
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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1000 7 16/4			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

item of infor-

B.—WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Calgary Willage or City Calgary Market Calgary		1. PLACE O	F DEAT	н ,			(23)	
Langth of residence in city or Lown where death occurred		County(Taly	ent	ΩΑ		Registration Dist. No. 5	J -
Langth of residence in city or Lown where death occurred		Village or C	ity 12	underl	and		No:St	Ward
(a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR DIVORCED Once the word) 59. If married, widowed or divigreed (O') Wife of Wald Walds 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day								
(a) Residence: No. (Unsulplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED On				y or town where d	eath occurred	yrsmos	gs. How long in U.S. if of foreign birth?yrsmos	ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED OR DIVORCES Cyric the word) 52. If married, widowed, or divgred HUSEAND of (or) Wife of Call William of HUSEAND of (or) Wife of Call Wife of Call William of HUSEAND of (or) Wife of Call William of HUSEAND of (or) Wife of Call Wife of Call William of Call Will		2. FULL NA	ME C	um	e wai	7	7	
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCH Cycle the word) 53. If married, widowed, or divgreed HUSBAND of (W) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day		(a) Residen	ice: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and S	dale
Sa. If married, widored, or diverged to the word of the state of the word of the wo		PERSON	IAL AN	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Sa. If married, widowed, or diverged HUSBARD of (or) Wife of Action (or) wife of (or) wife of Action (or) wife of (or)	3	SEX	4. COLOR	LOR RACE	5. SINGLE, MAR OR DIVORCE	tied. WIDOWED.	Fel #8	193 (Year)
(or) WIFE of ACULA WALLY 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	5:	a. If married, widow	vedgor divor	ced /	2			(1001)
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 11. BIRTHPLACE (city or town)		(or) WIFE of	Wa	the la	larg		7 /	eceased from
T. AGE Years Months July R. Trade, profession, or particular Note of the profession of of				D	11	200 4	7-, 13, 10-/	, 1922
State or country					L Dave	If I ESS then		death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BARK, etc. 10. Date of onset this occupation (month and year) (State or country) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL (REMATION, OR REMOVAL Place 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased?		. AGE 700	11	2_	0 00			
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SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total time (years)	AT	9. Industry or	business in	which		L-M		
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME Planne Pl			s done, as SI LL, BANK, ei	LK MILL,				
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13. NAME 2000 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANI 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL Place 2000 24. Was disease or injury in any way related to occupation of deceased?	1	2. BIRTHPLACE (ci	ty or town)_				Other Conditions Causes of Importance.	
14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE, 18. BURIAL, CREMATION, OR REMOVAL Place Editions Date Fight 11, 19345 Manner of Injury Neture of injury. 19. UNDERTAKER Wilson Secured 124. Was disease or injury in any way related to occupation of deceased?	-	1 62	ntry)	. 0			-	
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What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME Florence Chursell 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Surface (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Edmons Date Field 19. UNDERTAKER Wilson Servell 24. Was disease or injury in any way related to occupation of deceased?	AT	14. BIRTHPLACE	(city or toy	(n) ///	S		Name of operation Date of	
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17. INFORMANT Specify city or town, county and State) 17. INFORMANT Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE, (Address) Typica 18. BURIAL, CREMATION, OR REMOVAL Place Schools Date Field 11, 1934. Neture of injury 19. UNDERTAKER Wilson Security 24. Was disease or injury in any way related to occupation of deceased?	10	16. BIRTHPLACE	(city or toy	(n) 1/1/	101		Accident, suicide, or homicide? Date of injury	19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Galmans Date Field 11, 1934 19. UNDERTAKER Wilson Sessell 24. Was disease or injury in any way related to occupation of deceased?	Σ	(State or		110	9		Where did injury occur?	
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(Address) (August 1 Charles 1 Charle	1	9. UNDERTAKER	Bur	ce Fire	drick		If so, specify	
of 1 state 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J. 1.	11	21/2/	2641026-	~	18/- 1/1/1/2000	
20. FILED File 11 , 1934 W N Nor desty (Address) (Address)	2	U. FILED. THE	, 1	9.74.00.74	in courty	Registrar.		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01382)
* /*** }	1. PLACE OF DEATH	107-0	
ould OCC	County Column	Registration Dist. No. 5	
= =	Village or City adeline	NoSt.,Ward	
E		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
	111		
RD. Every YSICIANS statement	2. FULL NAME Moural Whele	2	
CORD. Ever PHYSICIAN ict statemen	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PH ret	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ENT RECORD TLY. PHYS ed. Exact sta	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE QF DEATH (Month) (Day) (Year)	
RMANEN X A C T I classified	5a. If married, widowed, or divorced HUSBAND of		
IAN A C Issid	(or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from January 26, 134, to Lebenary 3, 1934	
proof a	S DATE OF RIPTH (month day and year) June 1 1927	Plast saw h M alive on Deburary 2 16 4 : death is said	
	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et	
IS A stated proper	16 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
st: pr pr	Trade profession or particular	Bronchial Greenward 1/26/3	W.
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardiae Failure 2/1/3	4
ould may pack	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	//	
× =	SAW MILL, BANK, etc		
E 20 +0	this occupation (month end partial 36 spant in this 2 90		
7 4 0	Calalite	Other Contributory Causes of Importance	
d. so ucti	12. BIRTHPLACE (city or town) Calculated (State or country)	L Cremians Commontal	
UNFA supplied n terms, ee instri	# 13. NAME Joseph H. White		
1D # 45 %	13. NAME Joseph H. While 14. BIRTHPLACE (city or town) Callet Cg	Name of operation Dete of	
y sulain t	(State or country)	What test confirmed diegnosis? Was there an autopsy?	
Y, WITH carefully TH in pla ortant.	15. MAIDEN NAME arena Henson	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
INLY, WI be careful EATH in I	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19	
VLY e c ATI	State or country)	Where did injury occur?(Specify city or town, county and State)	
E PLAINLY, WITH should be carefully stop. OF DEATH in plain story important. See	17. INFORMANT Jaryh Her lute (Address) adelines	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION, OR REMOVAL 2/1/3/	Manner of injury	
-WRITE mation s CAUSE FION is	Place Place 7 , 19 7	Nature of injury	-
WRIT mation CAUSE	19. UNDERTAKER The Severe	24. Was disease or Injury in any way related to occupation of deceesed?	. ,
FOF	(Address) Ares, Mil.	If so, specify	. "
-	20. FILED 2/3 1934 Dr. Rug	(Signed) M. D	
Z	Registrar.	(Address) Juny Hellest	
	If more blanks are needed address State Registrar	24. N. Charles Street Relimore Requesting 71 C No.	

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BURGALLY				
Other contributory causes of importance:		Other contributory causes of importance:		
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BINDING

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		·	